(Revised 02/2003)

## **FEC**

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## REPORT OF RECEIPTS SECRETARY OF THE SENATE AND DISBURSEMENTS

FORM 3		For An Au	thori	zed Comn	nittee	14 801	20 PM 2: 3	fice Use Only
1. NAME OF COMMITTEE (in	ı full)	TYPE OR PRINT	₩		mple: If typing, r the lines.	type	12FE4M5	. <u> </u>
Friends of Ma	ry Landri	eu, inc.		1 1 1			<u> </u>	
		11111		1.1.1.1			<u> </u>	
ADDRESS (number a	nd street)	700 13th Street,	NW	1111			1 1 1 1 1	
Check if different than previously reported. (ACC)		Suite 600						
		Washington		1111			DC 20	005
2. FEC IDENTIFICATION NUMBER ▼				CITY	-		STATE A	ZIP CODE  STATE ▼ DISTRICT
C C003251	1 <b>26</b> (126)			IS THIS REPORT	NEW (N)	OR	× AMENDE (A)	
4. TYPE OF RE	EPORT (CH	noose One)	(b)	12-Day PRE	Election Repor	t for the:		
(a) Quarterly Reports:					Primary (12P)		General (12	G) Runoff (12R)
April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  X October 15 Quarterly Report (Q3)  January 31 Year-End Report (YE)					Convention (1	oc)	Special (125	3)
					CONVENIENT (1	20)	Opodiai (	-,
				Election on	M			in the State of
			(c) 30-Day POST-Election Report for the:					
					General (30G)	1	Runoff (30F	Special (30S)
Termination Report (TER)				Election on	ั <b>พ</b> ัพั <i>เ</i>	- 5 D ***	, · · · · · · · · · · · · · · · · · · ·	in the State of
5. Covering Period	od (	08 03		2014	through	M 09		y y 2014
I certify that I have	e examined	this Report and to	the l	best of my ki	nowledge and I	belief it is	true, correct and	complete.
Type or Print Nam	e of Treasur	rer Nancy Marsig	lia	_	<del>-</del>			
Signature of Treas		ancy Marsiglia	ia.	ey )	7-5(		_ Date	14 2014
NOTE: Submission	of false, emo	oneous, or incomple	ete inf	ormation may	subject the per	son signin	g this Report to th	e penalties of 2 U.S.C. §437g.
Office		İ		1				EEC FORM 3